

RECEIVED

DEC 14 2006

**STATE OF SOUTH DAKOTA**  
**Statement of Legal Newspaper Ownership and Circulation**

REC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE	
<u>Langford Bugle</u>		<u>9/27/06</u>	
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE	
<u>Weekly</u>	<u>52</u>	<u>\$ 23.00</u>	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)			
<u>PO Box 107, Langford, Marshall County, South Dakota 57454-0107</u>			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)			
<u>206 7th St. PO Box 69, Britton, Marshall County, South Dakota 57430-0069</u>			
6. FULL NAME OF PUBLISHER:			
<u>Charles L + Karyl P. Card</u>			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		COMPLETE MAILING ADDRESS	
<u>Marshall County Publishing Inc</u>		<u>PO Box 69 Britton SD 57430-2669</u>	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)			
<u>Charles L + Karyl P. Card</u>		<u>PO Box 921 Britton SD 57430-0921</u>	
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)		<u>600</u>	<u>600</u>
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors and counter sales.		<u>10</u>	<u>5</u>
2. Mail Subscription (Paid and or requested)		<u>405</u>	<u>401</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		<u>415</u>	<u>406</u>
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS		<u>10</u>	<u>10</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<u>2</u>	<u>2</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<u>427</u>	<u>418</u>
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing		<u>173</u>	<u>182</u>
2. Return from News Agents			
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		<u>600</u>	<u>600</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

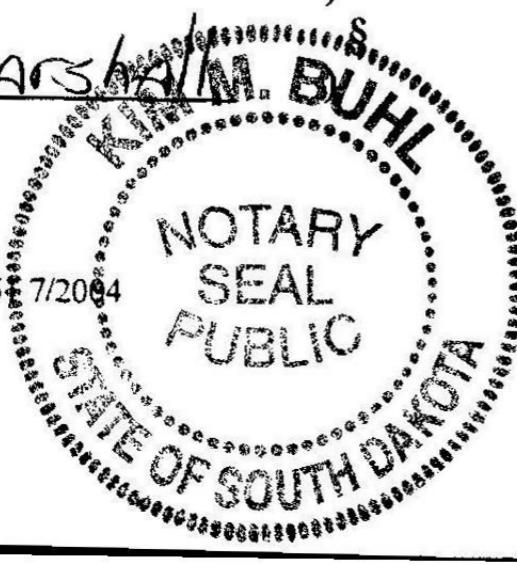
Charles L + Karyl P. Card  
(Signature)

Owner / Publisher  
(Title)

State of South Dakota

County of MARSHALL

(Seal)



Form: SOS REC 05/7/2004

Sworn to before me this 27 day of Sept, 2006

Notary Public

My commission expires: My Commission Expires March 12, 2010